

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St Louis

Registration District No.....

Primary Registration District No.....

(No. 932 Tyler Street 2)

File No. 4146

Registered No. 1189

St. Ward

2. FULL NAME Mollie Fisher

(a) Residence, No. 932 Tyler St St. 26 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1855

7. AGE YEARS 81 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sulphur Springs (STATE OR COUNTRY) Ind. 2

13. NAME Thomas Lewis

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) 2

17. INFORMANT John Fisher (ADDRESS) 932 Tyler St

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Ind DATE Jan 27 1937

19. UNDERTAKER Beiderwieden Funeral Home (ADDRESS) 1936 St Louis Ave

20. FILED 19 Jan 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936 to Jan 26, 1937

I last saw him alive on Jan 30, 1937 Death is said to have occurred on the date stated above, at 1:45 A M

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Arteriosclerosis
Chronic Nephritis
Obesity

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

Also, specify.....

(Signed) Arthur H. Jost M. D.

(Address) 1901 Madison St.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

